

**RECORDS DISPOSAL AUTHORIZATION**

**Contact Information:**

|  |  |
| --- | --- |
| DEPARTMENT:  | DATE: |
| PERSON COMPLETING FORM: | CONTACT PHONE NUMBER OR EMAIL: |
| RESPONSIBLE DEPARTMENT: | RECORD CUSTODIAN: |

**Acknowledgment of Disposition:**
I hereby authorize the disposal of all the records listed below that are not retained by University Archives:

Custodian: \_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Disposition of Records:**

Transferred to Archives by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Destroyed by: \_\_\_\_\_\_ Date:

 **Record Description:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Box No** | **Brief Description** | **This box contains ONLY Financial / Personnel / Student Records (Y/N)***[Will be shredded]* | **This box contains other types of records (Y/N)***[Will be reviewed by Archives and then either retained, shredded or recycled]* |
|  |  |  |  |

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